## MADISON-GRANT UNITED SCHOOL CORPORATION

## **Professional Development Conference Request Form**

To: Superintendent of Schools From:		School:	
Date:	Teaching Subje	ect or area of Responsibility:	
- Conference to be attended:		conference:	
<ul><li>Location of Conference:</li><li>Date(s) Involved:</li></ul>			
— Will a substitute be needed?		(Explain if necessary)	
— Is there a registration fee?		Estimated Cost	
— Is lodging required?		Estimated Cost	
— Is the school van available?		Date(s) School Van is reserved for:	
<ul> <li>Mileage Estimate if van isn'</li> </ul>	t available -	Estimated Cost	(57.5 cents/mile)
— Total Estimate of Conference	-		
(Include or duplicate any litera	iture explaining t	he conference)	
Teachers: Please submit this	request form to	your building administrator.	
Administrators: Please sign and sen will be sent back to you. It is your re		Office. Once the conference request is approprious this conference in Aesop.	oved, a copy
•		by the Superintendent prior to conferer e at least three school days prior to the	
Principal's Signature	Date	Teacher's Signature	
			Approved
Superintendent's Signature	Date		
			Not Approved
Account Number:			